

Ownership Type - check one: ☐ Corporation* ☐ Partnership ☐ Individual ☐ Other

On a separate sheet of paper, please provide the following information for each owner/officer, including professional designation (e.g. Pres. John Jones, M.D.) :

- Name and title
- Address (business and home)
- Phone number (business and home)
- Social Security number
- Date of birth

* If the pharmacy is a corporation, please complete: Date of incorporation_____

Name and address of the registered agent of the corporation: _____

Is the corporation's stock: ☐ Publicly traded; or ☐ Privately held?

Pharmacy Hours of Operation

Monday..... _____ A.M. to _____ P.M.

Friday..... _____ A.M. to _____ P.M.

Tuesday..... _____ A.M. to _____ P.M.

Saturday... _____ A.M. to _____ P.M.

Wednesday.. _____ A.M. to _____ P.M.

Sunday.... _____ A.M. to _____ P.M.

Thursday..... _____ A.M. to _____ P.M.

Types of practice(s) in which the pharmacy is to engage: (Check all that apply)

☐ Mail Order Pharmacy

☐ Long-Term Care Pharmacy

☐ Hospital Pharmacy

☐ Sterile Compounding

☐ Retail Pharmacy

☐ Non-Sterile Compounding

☐ Nuclear Pharmacy

☐ Other, please indicate: _____

Criminal/Disciplinary Action History – Pharmacist-in-Charge and/or Owner/Officer(s):

Has the pharmacist-in-charge or any owner/officer of the pharmacy been or currently is:

- The subject of any disciplinary action by any government agency;
- The subject of any legal or adverse action by any law enforcement agency or any local, state or federal court;
- Charged with the commission of any felony in any state or jurisdiction;
- Convicted of a felony in any state or jurisdiction?

Please indicate: ☐ Yes ☐ No

If you answered "Yes," to any of the above, please attach a letter of explanation as well as a certified copy of the final disposition for each incident. If the charges were dismissed, please provide a letter from the appropriate authority confirming dismissal of the charges.

Criminal/Disciplinary Action History – Pharmacy:

Has this pharmacy ever been the subject of any disciplinary or other adverse action by any other licensing agency, or by any other government agency, or by any local, state, or federal law enforcement agency, or by any local, state or federal court:

Please indicate: ☐ Yes ☐ No

If you answered "Yes," to the above, please attach a letter of explanation as well as a certified copy of the final disposition for each incident. If the charges were dismissed, please provide a letter from the appropriate authority confirming dismissal of the charges.

Affidavit:

Affidavit A below, must be completed by the owner, partner or by the principal officer as designated above. If the person executing Affidavit "A" is not also the pharmacist-in-charge of the pharmacy, then the pharmacist-in-charge must complete Affidavit "B."

Please note that each affidavit must be sworn to before a Notary Public or other authorized officer.

I do solemnly swear and affirm that the foregoing statements on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct.

Affidavit "A"

Print Name of Owner, Partner or Officer

Signature of above

Subscribed and sworn to before me this _____

day of _____ in the year _____

Print Notary's name:

Notary's signature:

My commission expires _____

Affix Seal Here:

Affidavit "B"

Print Name of Pharmacist-in-Charge

Signature of above

Subscribed and sworn to before me this _____

day of _____ in the year _____

Print Notary's name:

Notary's signature:

My commission expires _____

Affix Seal Here:

Required documentation which must be enclosed with this application:

- A dated copy of the most recent inspection report resulting from an inspection of this pharmacy conducted by the regulatory or licensing agency in the state or jurisdiction in which this pharmacy is located.
- A certified letter of good standing from the licensing authority in the state or jurisdiction in which this pharmacy is licensed, permitted or registered.

Note: Unless this required documentation is supplied, the application cannot be processed.